

United States Bankruptcy Court
Middle District of Tennessee

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Associated Healthcare Systems, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																					
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all) 58-2472565		Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)																					
Street Address of Debtor (No. & Street, City, and State): 214 Overlook Court Suite 260 Brentwood, TN		Street Address of Joint Debtor (No. & Street, City, and State):																					
		ZIP Code 37027-3215	ZIP Code																				
County of Residence or of the Principal Place of Business: Williamson		County of Residence or of the Principal Place of Business:																					
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																					
		ZIP Code	ZIP Code																				
Location of Principal Assets of Business Debtor (if different from street address above):		214 Overlook Court Suite 260 Brentwood, TN 37027-3215																					
Type of Debtor (Form of Organization) (Check one box)		Nature of Business (Check all applicable boxes.)																					
<input type="checkbox"/> Individual (includes Joint Debtors) <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and provide the information requested below.) State type of entity:		<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 15 U.S.C. § 501(c)(3)																					
		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)																					
		<input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13																					
		Nature of Debts (Check one box)																					
		<input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business																					
Filing Fee (Check one box)		Chapter 11 Debtors																					
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).																					
		Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.																					
Statistical/Administrative Information		*** G. Rhea Bucy ***																					
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors																							
<table style="margin-left: auto; margin-right: auto;"> <tr> <td>1-</td> <td>50-</td> <td>100-</td> <td>200-</td> <td>1000-</td> <td>5001-</td> <td>10,001-</td> <td>25,001-</td> <td>50,001-</td> <td>OVER</td> </tr> <tr> <td>49</td> <td>99</td> <td>199</td> <td>999</td> <td>5,000</td> <td>10,000</td> <td>25,000</td> <td>50,000</td> <td>100,000</td> <td>100,000</td> </tr> </table>				1-	50-	100-	200-	1000-	5001-	10,001-	25,001-	50,001-	OVER	49	99	199	999	5,000	10,000	25,000	50,000	100,000	100,000
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49	99	199	999	5,000	10,000	25,000	50,000	100,000	100,000														
<input checked="" type="checkbox"/> <input type="checkbox"/>																							
Estimated Assets																							
<table style="margin-left: auto; margin-right: auto;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Associated Healthcare Systems, Inc.
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)		
Location Where Filed: - None -	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: See Attached	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code.
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X Signature of Attorney for Debtor(s)
		Date
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		Certification Concerning Debt Counseling by Individual/Joint Debtor(s) <input type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)
Information Regarding the Debtor (Check the Applicable Boxes)		
Venue (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Statement by a Debtor Who Resides as a Tenant of Residential Property <i>Check all applicable boxes.</i>		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.		

Attachment to Pending Bankruptcy Cases Filed by Spouse, Partner or Affiliate:

Debtor: Samaritan Alliance, LLC. – Jointly Administered

Case No.: 07-50735

Date Filed: 04/16/2007

District: Eastern District of Kentucky

Judge: William S. Howard

Debtor: Carroll County Medical Advisors LP f/k/a Carroll County Hospital; f/k/a
Carroll County Regional Medical Center

Case No.: 07-30420

Date Filed: 09/21/2007

District: Eastern District of Kentucky

Judge: Joseph M. Scott, Jr.

Voluntary Petition

(This page must be completed and filed in every case)

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney**X** /s/ G. Rhea Bucy

Signature of Attorney for Debtor(s)

G. Rhea Bucy

Printed Name of Attorney for Debtor(s)

GULLETT, SANFORD, ROBINSON & MARTIN, PLLC

Firm Name

315 Deaderick Street, Suite 1100

P. O. Box 198888

Nashville, TN 37219-8888

Address

Phone: (615) 244-4994 Fax: (615) 256-6339

Telephone Number

October 1, 2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ A. Ronald Turner

Signature of Authorized Individual

A. Ronald Turner

Printed Name of Authorized Individual

President and CEO

Title of Authorized Individual

October 1, 2007

Date

Name of Debtor(s):
Associated Healthcare Systems, Inc.**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.

Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110.

United States Bankruptcy Court
Middle District of Tennessee

In re Associated Healthcare Systems, Inc.

Debtor(s)

Case No.

Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
AHS Samaritan Hospital, LLC c/o Brian D. Roark; Michael Dagley 315 Deaderick Street, Suite 2700 Nashville, TN 37238	c/o Brian D. Roark; Michael Dagley AHS Samaritan Hospital, LLC c/o Brian D. Roark; Michael Dagley 315 Deaderick Street, Suite 2700 Nashville, TN 37238 615-742-6200	Lawsuit for conversion of funds allegedly paid by medicare/medicaid for the benefit of Plaintiff	Disputed	310,828.61
AHS, Inc. f/k/a Angel Healthcare c/o Daniel Giannotti 3322 West End Avenue, Suite 720 Nashville, TN 37203	c/o Daniel Giannotti AHS, Inc. f/k/a Angel Healthcare c/o Daniel Giannotti 3322 W. End Avenue, Ste 720 Nashville, TN 37203 615-386-4995	Suit on balance due for staffing agreement between plaintiff and AHS Samaritan Hospital, LLC	Disputed	57,000.00
Allegro 2830 National City Tower Louisville, KY 40202	Allegro 2830 National City Tower Louisville, KY 40202 502-587-1007			64,914.28
Boston Scientific P.O. Box 951653 Dallas, TX 75395-1653	Boston Scientific P.O. Box 951653 Dallas, TX 75395-1653			53,617.16
Carrollton Utilities c/o G. Edward James 516 Highland Avenue; P.O. Box 373 Carrollton, KY 41008	G. Edward James Carrollton Utilities c/o G. Edward James 516 Highland Avenue; P.O. Box 373 Carrollton, KY 41008 502-732-7055			30,000.00
Citadel Outsource Group, LLC 162 Imperial Blvd. Hendersonville, TN 37075	Citadel Outsource Group, LLC 162 Imperial Blvd. Hendersonville, TN 37075 615-757-1100			26,985.07
Delange Landen Financial Service P.O. Box 848411 Dallas, TX 75284-8411	Delange Landen Financial Service P.O. Box 848411 Dallas, TX 75284-8411			691,248.23

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
First State Financial, Inc. c/o Shon Leverett 204 East Market Street Louisville, KY 40202	First State Financial, Inc. c/o Shon Leverett 204 East Market Street Louisville, KY 40202 502-560-6700	Suit on guaranty		421,386.27
GESF Structured Finance, Inc. c/o David G. Mangum 2303 Franklin Road Nashville, TN 37204	c/o David G. Mangum GESF Structured Finance, Inc. c/o David G. Mangum 2303 Franklin Road Nashville, TN 37204 615-255-8690	Deficiencies on Equipment Leases contracted by Samaritan Hospital and guaranteed by Associated	Unliquidated	285,184.54
Health Infotechnics 210 Jamestown Park Road Suite 101 Brentwood, TN 37027	Health Infotechnics 210 Jamestown Park Road Suite 101 Brentwood, TN 37027 615-298-4011			19,125.00
Marquette Equipment Finance c/o Joseph E. Wrona 1816 Prospector Avenue, Suite 100 Park City, UT 84060	Marquette Equipment Finance c/o Joseph E. Wrona 1816 Prospector Avenue, Suite 100 Park City, UT 84060 435-649-2525	Suit on guaranty by AHS of obligations of Associated Healthcare Systems of Lexington, LLC, under leases of computer hardware and software	Unliquidated	608,059.40
National Radiology Group of AR PLLC c/o Nathan E. Ross 500 N. Broadway, Ste. 2000 Saint Louis, MO 63102-2147	National Radiology Group of AR PLLC c/o Nathan E. Ross 500 N. Broadway, Ste. 2000 Saint Louis, MO 63102-2147 314-444-7600	Promissory Notes with Corporate (AHS, Inc.) guarantees		151,543.82
Norton Hospitals, Inc. c/o Andrew J. Pulliam 2525 West End Ave., Ste. 1500 Nashville, TN 37203	Norton Hospitals, Inc. c/o Andrew J. Pulliam 2525 West End Ave., Ste. 1500 Nashville, TN 37203 615-244-0020	Action to domesticate an Agreed Judgment entered in the Circuit Court of Jefferson County, KY		1,213,414.23
Randolph Emergency Group, LLC c/o Robert S. Patterson P.O. Box 340025 Nashville, TN 37203	Randolph Emergency Group, LLC c/o Robert S. Patterson P.O. Box 340025 Nashville, TN 37203 615-252-2335	Suit on guaranty by AHS of contract between Plaintiff and Associated Healthcare Systems of Randolph County, Inc.		426,073.43

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Republic Bank c/o Stephen C. Tingey P.O. Box 45385 Salt Lake City, UT 84145-0385	Republic Bank c/o Stephen C. Tingey P.O. Box 45385 Salt Lake City, UT 84145-0385 801-532-1500	Suit for breach of lease of computer hardware and software entered into between Applied Financial, LLC and Associated Healthcare of Lexington, LLC and	Unliquidated	1,808,272.80
Shared Imaging, Inc. c/o David J. Bressler 4200 Commerce Court, Suite 300 Lisle, IL 60532	Shared Imaging, Inc. c/o David J. Bressler 4200 Commerce Court, Suite 300 Lisle, IL 60532 630-245-0400	Suit to hold AHS liable for the obligation of its subsidiary, Trinity Hospital, LLC, on "piercing the corporate veil" theory; lease of MRI machine	Unliquidated Disputed	337,900.00
Smith & Nephew Capital c/o William P. Kelly 5201 Eden Ave., Ste. 180 Minneapolis, MN 55436	c/o William P. Kelly Smith & Nephew Capital c/o William P. Kelly 5201 Eden Ave., Ste. 180 Minneapolis, MN 55436 952-224-2490	Guarantor of Lease Agreement No. SAM072406 to Samaritan Hospital		202,554.00
Sprint P.O. Box 219623 Kansas City, MO 64121-9623	Sprint P.O. Box 219623 Kansas City, MO 64121-9623 816-584-1687			57,707.93
St. Claude Medical Center LLC c/o James Cobb; John Emmett 1515 Poydras Street, Suite 1950 New Orleans, LA 70112	St. Claude Medical Center LLC c/o James Cobb; John Emmett 1515 Poydras Street, Suite 1950 New Orleans, LA 70112 504-581-1301	Suit on note dated 5/30/03, executed by AHS in connection with its acquisition of St. Claude Medical Center		900,000.00
Winthrop Resources Corp. c/o Matthew R. McBride, Esq. 225 South 6th Street, Suite 3500 Minneapolis, MN 55402	Winthrop Resources Corp. c/o Matthew R. McBride, Esq. 225 South 6th Street, Suite 3500 Minneapolis, MN 55402 612-604-6400	Suit on guaranty by AHS of computer equipment leased by Associated Healthcare of Lexington, LLC from Plaintiff	Unliquidated	978,473.91

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President and CEO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date October 1, 2007

Signature /s/ A. Ronald Turner
A. Ronald Turner
President and CEO

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of Tennessee**

In re Associated Healthcare Systems, Inc.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President and CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: October 1, 2007

/s/ A. Ronald Turner

A. Ronald Turner/President and CEO
Signer/Title

Date: October 1, 2007

/s/ G. Rhea Bucy

Signature of Attorney
G. Rhea Bucy
GULLETT, SANFORD, ROBINSON & MARTIN, PLLC
315 Deaderick Street, Suite 1100
P. O. Box 198888
Nashville, TN 37219-8888
Phone: (615) 244-4994 Fax: (615) 256-6339